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Country note**

South Africa

Summary

The Executive Director presents the country note for South Africa for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Income distribution in South Africa is among the most unequal in the world. In 1996, almost 57 per cent of the population were living in poverty, and of these, two thirds were Africans. Racial inequalities still persist, with white per capita income almost nine times higher than that of Africans. The richest 10 per cent of households have more income growth than all other population groups in 1996. Inequality among African households is now comparable with the most unequal societies in the world. In largely rural Eastern Cape, 78 per cent of children live in poor households, compared to 20 per cent in Gauteng.

2. The infant mortality rate (IMR) is estimated at 45 per 1,000 live births and is higher where maternal literacy and other socio-economic conditions are poor. The country's aggregate under-five mortality rate is 59 per 1,000 live births, but the rate for Africans (63) is four times higher than that of whites (15). There is a high rate of stunting among children under five years old. The maternal mortality ratio remains high at 150 per 100,000 live births. South Africa has a high school enrolment rate of

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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over 80 per cent, but there are high repetition rates at all levels, high drop-out rates and a high rate of adult illiteracy (33 per cent). In terms of social development and major intra-country inequalities, South Africa is at the lower end of the scale for upper-middle-income countries. One province in South Africa, Gauteng, produces more goods and services than virtually all other economies in Africa, yet the Human Development Index of another province, the Northern Province, is at the same level as the Congo.

3. The HIV/AIDS pandemic in South Africa has had, and will have, a dramatic impact on this situation. IMR is expected to increase to 61 per 1,000 live births and life expectancy to decrease from 68 to 48 years by 2010. By then, 25 per cent of the population is projected to be HIV-positive, the majority being young people in their productive and reproductive years. The 1999 Antenatal Clinic Study estimates HIV prevalence rates of 23 per cent among pregnant women, which could result in an additional 40,000-60,000 HIV-positive newborns per annum. Despite the high level of awareness of the virus (98 per cent in urban areas), there appears to be no change in sexual behaviour patterns. Socio-economic factors such as poverty, migrant labour, survival sex workers, the low status of women, gender-based violence, sexual abuse, illiteracy, the lack of formal education, stigma and discrimination are underlying causes of the HIV/AIDS crisis. Indeed, South Africa is at the epicentre of the HIV/AIDS pandemic, having the largest number of people living with HIV/AIDS of any country ("Report on the Global HIV/AIDS Epidemic", Joint United Nations Programme on HIV/AIDS, 2000). An increasing number of children are orphaned by AIDS. Although South Africa has one of the most sophisticated social security systems in sub-Saharan Africa, including a child support grant, it is clearly an unprecedented challenge for a newly unified system to cope with the increasing number of children in distress due to the HIV/AIDS epidemic. Therefore, building a rights-based culture is critical to tackling the pandemic.

4. Developing local government capacity for the delivery of public services is now recognized as a major priority of social development planning and action. The Office on the Rights of the Child (ORC) in the Presidency has emphasized and is fully committed to an enhanced decentralization process of the National Programme of Action (NPA). This is seen as a key strategy for increasing local government and community participation in the NPA process, and ensuring the full realization of children's and women's rights. While the norms and standards for the new progressive policies are being more clearly articulated, local institutional capabilities remain a challenge.

Lessons learned from past cooperation

5. The 1997-2001 programme of cooperation is based not on the traditional UNICEF service delivery and financial support strategies, but on the premise that the cooperation can contribute to an improved knowledge, information and policy base for child-centred development in South Africa. Various evaluations and day-to-day experience confirm the success of this approach and the wisdom of retaining it in the new programme.

6. Rigorous evaluations confirm that the NPA structure, as the main framework for the cooperation, has served to bring together sectoral structures around well-defined priorities for children and the realization of their rights. Support has been

given to implement the ambitious Municipal Systems Bill and its provisions for the mandatory design of integrated development plans. The challenge is to complement policy development and legislative reform at the national level through programme development and further legislative reform at provincial and local levels, where policies and constitutional provisions are interpreted and translated into action and subnational legislation. It is clear that greater emphasis needs to be placed on the facilitation of community capacity development and empowerment as well as local government capacity development.

7. The 1997-2001 programme coincided with a period of intensive national policy development. The programme's work on policies related to maternal mortality and children's right to basic education bore fruit when UNICEF-supported activities in the areas of maternal mortality reporting and early childhood development (ECD) were adopted as national policies in 1998 and 1999, respectively. UNICEF has supported a full-time expert in the Office of the President working closely with high-level policy makers. Although the Government is now in an intensive period of policy implementation, there is a continued need for child-centred policy development in areas such as the protection of orphans and child-friendly juvenile justice and correctional services.

8. Expanding access to timely programme-relevant information for all partners has proved an essential function. For instance, young people's community cultural projects have been linked with mainstream institutions, and initial support has been given to a network of organizations that can effectively share relevant development and child rights best practice information. Based on these experiences, communication and knowledge, especially practical knowledge, are critical resources enabling people, including children, to make better-informed choices about issues affecting their rights. UNICEF needs to explore and develop methods to encourage and facilitate participation by children and young people in decisions affecting their lives. Strong, decentralized and participatory information systems are the key to a stronger programme monitoring function.

9. In South Africa, the private sector has demonstrated that it has the resources to effectively support government structures and civil society to fulfil the social and economic rights of children. An example is its involvement in the food fortification strategy, whereby UNICEF facilitated a dialogue with the food producers who entered into partnership with the Government on the food fortification plan. The tax structure and incentives for private sector involvement are now the current focus of discussions. UNICEF will continue to play a catalytic role in developing such partnerships in support of the NPA and to create increased public awareness of child rights.

Proposed country programme strategy

10. The United Nations reform process at the country level and, in particular, preparation of the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF) have been enriched substantially by joint and collaborative inter-agency review exercises. In addition to a classic Government of South Africa/UNICEF mid-term review (MTR), a United Nations inter-agency MTR was held by the United Nations Development Programme, the United Nations Population Fund and UNICEF, with the participation of other United

Nations agencies. The strategy for the 2002-2006 country programme responds to the new thrusts and priorities of the country and UNICEF global policies, with the following country programme goals: (a) to contribute to the fulfilment of children's and women's rights, with an emphasis on the principles of universality and non-discrimination, through support to the NPA processes, local government and community structures; (b) to support national efforts to reduce the magnitude and impact of the HIV/AIDS epidemic; and (c) to support learning processes and the application of knowledge by all duty-bearers and rights-holders for the fulfilment of children's and women's rights.

11. The country programme will focus on capacity development and advocacy as overall strategies for the promotion, respect, fulfilment and protection of the rights of children and women, with a focus on local and provincial actions. UNICEF support will continue to be knowledge-intensive and synergistically deployed in line with the following operational strategies: resource mobilization; participatory planning, monitoring and evaluation; training; policy review and implementation; communication and networking; information systems development; and operational and participatory research. Support will be prioritized around HIV/AIDS and the social dimension of integrated rural development, with a focus on three of the poorest provinces, namely, Northern Province, KwaZulu-Natal and Eastern Cape, as established by the joint MTR and UNDAF. Support will also be provided through the national level to other provinces to advocate for child rights issues. The country programme will have four programmes, and a Knowledge Resources Service has been developed to design and implement systems and processes that facilitate access to and the integration of national and international best practices.

12. The **social policy for child rights** programme aims at supporting the realization of children's and women's rights through policy development and effective implementation and monitoring at all levels of society. To achieve this objective, the programme will ensure that: (a) capacities are developed and the socio-economic rights of the child are fully integrated in the design and implementation of the new local governance structures and mechanisms, in the context of the NPA decentralization process; (b) relevant operational research is undertaken so that social policies are reviewed and the rights of children infected and affected by HIV/AIDS are protected; and (c) professional advocacy is undertaken and partnerships are built so that the best interests of the child are always given full consideration, notably in the design of macroeconomic policies, the pattern of public expenditure, and legal and legislative processes.

13. The **basic social services** programme aims at integrating the classic social sector programmes. The objectives are to: (a) support the development of a more effective mechanism for universal access to primary health care, especially by emphasizing the rights of marginalized communities in rural and poor urban areas; (b) support equitable access to quality primary education, with greater retention and learning rates for each student, especially in areas where the right to education is most at risk; (c) strengthen support for sustainable ECD; and (d) strengthen systems that promote the rights of all children in need of special protection measures. The programme will also support provincial and local government structures to plan for the delivery of high-quality basic social services in an integrated and sustainable manner.

14. The **HIV/AIDS** programme will contribute to government efforts to reduce new infections of HIV among children, young people and women, as well as to improve the care and support for those already infected and affected by HIV/AIDS. In support of the HIV/AIDS/STD [sexually transmitted disease] Strategic Plan for South Africa (2000-2005), the specific objectives are to: (a) prevent mother-to-child transmission of HIV; (b) reduce HIV transmission among adolescents and young people by involving them in their own development; and (c) assist in the realization of the rights of children in need of special protection as a result of the pandemic, in particular children orphaned by AIDS.

15. The **communication and community participation** programme, informed by the 1998/99 NPA evaluation, goes beyond the classic UNICEF external relations and advocacy functions — having less to do with technique, messages and packaging and more to do with communication that facilitates the process, ownership, equity and diversity of participatory decision-making. The programme aims to promote communication strategies and activities for child-friendly communities. This will be achieved by working with partners at all levels (community, non-governmental organizations (NGOs), media, government, etc.) to address the communication and information gaps and blockages that hinder the realization of child rights.

16. A sound partnership with the private sector can improve both the volume of the funds made available for children and the efficient allocation of the resources to programmes and projects within the country. The role of UNICEF will consist primarily of: (a) strengthening the process of collaboration and coordination among the private sector, Government, NGOs/community-based organizations and civil society with respect to planning and implementation of joint initiatives to fulfil child rights; and (b) enhancing mobilization for direct expenditure by the private sector in child rights-related projects. Within UNICEF, an evolution towards a programme that is funded largely through resources from profit-making corporations needs to be considered after the next country programme.

17. The main UNICEF partner will be the ORC, and it will work through the NPA framework and provincial plan of action structures. Support will be in the framework of existing integrated plans of Government. All studies, evaluations, surveys and other monitoring/evaluation activities will be consolidated in an integrated plan with the objective of ensuring the timely monitoring of the implementation process and the effectiveness of the country programme. The monitoring and evaluation framework will contribute to the development and strengthening of joint United Nations mechanisms for monitoring and evaluating programmes as part of the UNDAF process.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Social policy for child rights	635	1 558	2 193
Basic social services	1 907	12 469	14 376
HIV/AIDS	424	3 800	4 224
Communication and community participation	1 271	1 330	2 601
Cross-sectoral costs	222	1 008	1 230
Total	**4 459**	**20 165**	**24 624**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

United Republic of Tanzania

Summary

The Executive Director presents the country note for the United Republic of Tanzania for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The United Republic of Tanzania is one of the few countries in the conflict-ridden Great Lakes Region that continues to enjoy uninterrupted peace. Recent economic restructuring efforts have achieved fiscal stability and accelerated the divestiture of parastatals. Inflation was reduced from 36 per cent in 1994 to under 8 per cent in 1999, and the estimated annual per capita income is $240. The country has qualified for interim debt relief under the enhanced Heavily Indebted Poor Countries initiative and plans to allocate the freed resources to priority sectors, i.e. education, health, agriculture and roads. The Zanzibari economy, currently driven by tourism, has suffered from both the drop in value of its main crop, cloves, and the discontinuation of donor aid, leading to a decline in the provision of social services.

2. Following political reform in 1992 and the first multi-party elections in 1995, there have been positive developments in civil liberties, freedom of association, growth of civil society and expansion of an independent press. However, the corresponding institutional restructuring at the lower administrative levels has been

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slow. The main opportunities for accelerating development include the peaceful environment, the commitment to good governance and efforts to improve the well-being of children and women, maintenance of macroeconomic stability, a pragmatic agenda for decentralization and bottom-up planning, and earlier successes in realizing access to social services.

3. HIV/AIDS is the greatest single threat to the United Republic of Tanzania's security and socio-economic development. It is placing an increasing burden on the country's resources through rising medical expenditures, absenteeism from work, labour shortages resulting from morbidity and mortality, and training of replacement labour. Almost 15 per cent of persons aged 15-49 years are infected with HIV; 60 per cent of new HIV infections occur in the 15-24-year-old age group. The risk of infection is six times greater for a girl 15-19 years old than for a boy in the same age group. The number of orphans, mostly from AIDS, is estimated at almost 2.0 million. The epidemic is characterized by continuing stigma and denial at all levels, as well as by a lack of access to critical information and means of protection for those most at risk. However, new initiatives being taken at the highest political level to break the silence are expected to open up new opportunities for addressing the pandemic.

4. Other challenges include the high prevalence of poverty, rising mortality and morbidity rates among children and women as a result of HIV/AIDS, the high prevalence of low-birth-weight babies and malnutrition in children and women, and inappropriate caring and gender-based practices. Conflicting norms exist in the content and application of traditional, civil and religious laws. The quality of education and health care remains low, while community organization for maternal and child health, universal education, adolescent support and care of most vulnerable children is disintegrating. To date, 3.0 million 7- to 13-year-olds are not in school, most enrol late, and intake and transition rates are very low. There is progressive exclusion and marginalization of adolescents and most vulnerable children from basic family and community support. There are also inadequate capacities for preparedness and response to emergencies, while the political instability in the region continues to create a heavy refugee burden.

Lessons learned from past cooperation

5. The mid-term review recognized the need for the programme to focus on the whole child rather than maintain a sectoral focus. This approach, operationalized in 2000, is already facilitating attention to cross-cutting issues; the convergence of interventions in the context of a holistic, life-cycle approach to rights-based programming; and communication nationally as well as with communities and households. It builds on the strong UNICEF foundation as a partner supporting community- and district-level actions; the successful immunization and community nutrition programmes; and its leadership in the new approaches with significant potential such as the Integrated Management of Childhood Illness, the prevention of mother-to-child transmission of HIV, adolescent-led initiatives and community-managed education.

6. Social sector and local government reforms currently under way offer an important opportunity to take best practices to scale and promote partnerships.

These are important in leveraging resources for children, fostering sustainability, expanding coverage and ensuring high-quality care.

7. There is a need to further strengthen the focus on children in the Tanzania Assistance Strategy, the Poverty Reduction Strategy Paper and the Public Expenditure Review. Reform processes driven from the central level have tended to overestimate the capacities of central, regional and district teams to deliver services, and to underestimate the potential capacities of communities as actors for their development. As a result, the resources needed by the most disadvantaged groups often fail to reach them.

8. Acknowledged, consulted, involved and respected, young people become productive and enthusiastic community members, recognized as useful to their communities. Strategies that marginalize young people in decisions that affect their lives are bound to fail, especially in HIV/AIDS programmes.

9. HIV/AIDS is the major cause of vulnerability in the United Republic of Tanzania, currently negating most development gains and efforts. UNICEF and its partners should support expanded, rapid and effective responses to this and other emergencies if the development vision of the country is to be realized.

10. Despite economic difficulties, the UNICEF experience in the United Republic of Tanzania has demonstrated that malnutrition and early childhood development (ECD) problems in general can be addressed by facilitating improved understanding of the causes of the manifestations of illness and community action using growth monitoring, other sources of information and triple A (assessment, analysis, action) as the strategic approach.

Proposed country programme strategy

11. The strategy for the 2002-2006 country programme espouses a vision of Tanzanian children whose rights are increasingly respected, protected, facilitated and fulfilled. Progress towards this vision will be based on understanding the causes of poverty and obstacles to the fulfilment of children's rights, as well as a resolve to address these problems through a participatory and sustainable capacity development process focusing on the communities where the children live. UNICEF support will be provided in the context of the United Nations Development Assistance Framework and within the framework of the Tanzania Assistance Strategy, the government strategy for development cooperation with partners.

12. The overall programme goal is to realize children's rights by strengthening the capacities of actors at different levels to respect, protect, promote and fulfil these rights. Capacity as used here encompasses authority, responsibility and resources, as well as the capability to manage and learn through informed and participatory decision-making and actions.

13. Based on the principles of children's and women's rights, the country programme will be implemented through the following main strategies: (a) support to policy and legal reform processes, as well as advocacy for children's rights, through networking, partnerships and direct support to critical government functions; and (b) focus on critical outcome areas for concentration of UNICEF programme support in order to significantly improve the lives of children. These outcome areas are: (a) improvement of ECD through a set of strategies addressing

problems of maternal and neonatal mortality and low birth weight, as well as health, nutrition, hygiene and the psychosocial care of the very young child; and (b) improving access for school-aged children to quality basic education, as well as social interaction and support that will enhance their life skills and livelihoods to support them through adolescence and in the transition to adulthood. In both of these outcome areas, a community-centred capacity development approach will be organized in ways that are suitable for both rural and urban Mainland Tanzania as well as Zanzibar. Special attention will be given to the challenge of providing effective support towards these outcomes under emergency conditions, including for refugees and refugee-affected populations currently in western Tanzania.

14. The **analysis, monitoring, communication and advocacy** programme will focus on: (a) policy analysis and research based on a rights-based framework; and (b) monitoring and reporting on indicators of children's and women's rights, supporting Public Expenditure Reviews and analytic studies that enhance attention to the more cost-effective provision of services for children in government budget processes. It will also focus on communication to support the popularization and adaptation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women to local contexts, and mass media to promote a code of conduct that respects and promotes child rights. Participatory approaches, especially involving young people in policy formulation and reviews, as well as public events, will be promoted. Information from monitoring systems will be used to advocate for the further realization of child rights.

15. The **ECD** programme will foster a convergent approach linking health, nutrition, and water and sanitation. The programme will use community dialogue to promote preventive actions related to the major causes of disease on the one hand, while enhancing disease recognition and appropriate care-seeking on the other. The programme will also focus on improving the quality of care at the health facilities through capacity development, improvement of referral systems and strengthening the sustainable provision of essential supplies, focusing on a range of services for various claim-holders. The programme will also build systems to link community- and facility-based activities to district, regional and central governments for effective coordination.

16. The **basic education, adolescent development and protection** programme will focus on expanding equitable access to quality primary education for school-aged children through the articulation and promotion of child-friendly schools, alternative channels of education for over-age children and ward-based management of education. Health, social welfare and justice services will also be addressed. It will focus on supporting gender-sensitive and youth-led personal development and livelihood initiatives shown to have an impact on HIV/AIDS prevention, with special attention to vulnerable and marginalized children, as well as the participation of young people in their communities in ways that contribute to the realization of their rights and the revival of communities.

17. The **community development** programme will work closely with the local government reform programme to build systems for community-driven planning, implementation, monitoring and evaluation of development. The main strategies focus on capacity analysis and support to address the gaps identified. This process will be premised on fostering a community dialogue process to facilitate the

generation and use of information; resource mobilization, partnership and institutional coordination; and participatory planning and increased awareness of children's and women's rights. This programme will provide the interface at the community level for building capacity towards child rights outcomes.

18. The **emergency** programme will foster the integration of vulnerability mapping; strengthen and systematize early warning systems; and enhance the capacity to predict, analyse and respond to emergencies within the context of regular programme components. In this sense, the programme will assist the central Government and other partners to address child-related issues that exceed the "normal" capacity of communities and districts. Initially, this programme will concentrate on refugees and refugee-affected areas in Kigoma and Kagera regions, but will also – resources permitting – support communities prone to drought, floods and other emergencies.

19. The **Zanzibar** programme will mirror the approaches of the Mainland-supported programme, with adaptations to respond to the special context of the Isles. The programme will facilitate monitoring of policies for children and women, and advocate for increased allocation for child-focused programmes and gender-sensitive programming. Community-driven approaches will be used to plan, implement, monitor and evaluate ECD, basic education, and adolescent life skills and protection. The programme will use Koranic schools as entry points for expanding secular education, while supporting the establishment of child-friendly secular and non-secular schools. Youth-focused HIV/AIDS prevention initiatives will be intensified using in- and out-of-school approaches.

20. **Cross-sectoral costs** include support for technical expertise and other management capacities to ensure that UNICEF engages effectively with the Government and partners in accelerating the country's development. UNICEF brings into the partnership a critical mass of expertise, non-partisan views on issues relating to human development in general and child rights in particular, as well as a comparative advantage of working in communities and with district teams.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Analysis, monitoring, communication and advocacy	4 000	2 500	6 500
Early child development	6 793	35 000	41 793
Basic education, adolescent development and protection	6 500	42 500	49 000
Community development	8 500	7 500	16 000
Emergency	2 000	15 000	17 000
Zanzibar	5 000	5 000	10 000
Cross-sectoral costs	5 000	2 500	7 500
Total	**37 793**	**110 000**	**147 793**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.